

AHS Board and Executive Expense Report

Name Gregory Cummings
Title Chief Zone Officer, North Zone
Location Westlock

Expenses submitted during the month of September 2018

Travel (1)										
MMM-YY	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Sep-18	P-Card	Meetings			423	63	486	213		
Sep-18	Expense Claim	Meetings		276			276			
Sep-18	Direct Billing	Meetings	707				707			
Total			\$ 707	\$ 276	\$ 423	\$ 63	\$ 1,469	\$ 213	\$ -	\$ -

Total for the Month \$ 1,682

Maximum daily single meal expense claimed in the month \$ 24
Maximum daily base hotel rate claimed in the month \$ 144
Non economy air travel in the month \$ -

1) Travel expenses

Includes local and out of province/country travel expenses. Other travel includes items such as taxis, parking mileage, car rental and other expenses related to travel.

2) Professional Development

Includes conference, seminar and course registration fees and material

3) Hosting and Hospitality expenses

Hospitality and Hosting expenses may be incurred to advance AHS' mission, vision and values. For example, may include working lunches with staff and prospective employees meetings with government officials, dignitaries, public interest groups, donors other public or private organizations.

4) Other

Other expenses include expenses incurred in the normal course of business that are required for work purposes. May include small item technology purchases, books, etc.

5) Remuneration, Allowances Reported in the Financial Statements

Car allowance, honoraria, meeting fees, and any other employment benefits reported in the annual financial statements are excluded from this report.

AHS Public Disclosure P-Card

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total									
CUMMINGS, GREGORY	Chief Zone Officer, North Zone	Westlock	\$ 699.27									
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance	
9/7/2018	NZ PCN Governance Committee	AB - Other Zones	Accommodations	\$ 109.24			NZ PCN Governance Committee	1				
9/7/2018	NZ PCN Governance Committee Meeting	AB - Other Zones	Parking - Lot or Parkade	\$ 25.00			NZ PCN Governance Committee Meeting	1				
9/10/2018	High Prairie CHWC Anniversary	AB - North Zone	Accommodations	\$ 136.36			High Prairie CHWC Anniversary	1				
9/12/2018	JVC and Prov. PCN Committee	AB - Other Zones	Accommodations	\$ 177.67			JVC and Prov. PCN Committee	1				
9/17/2018	To attend the PCN Forum	AB - Other Zones	Conference Fees	\$ 212.50			To attend the PCN Forum	1				
9/18/2018	ELT Meeting	AB - Other Zones	Parking - Lot or Parkade	\$ 38.50			ELT Meeting	1				
Approver(s) for the claim		Approval Status		Approval Date								
GORDON, DEBORAH A		Approve		27-Sep-18								



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09-08-18

Gregory Cummings	Folio No. :	[REDACTED]	Room No. :	[REDACTED]
[REDACTED]	A/R Number :	[REDACTED]	Arrival :	09-06-18
	Group Code :		Departure :	09-07-18
	Company :	Alberta Health Services	Conf. No. :	[REDACTED]
	Membership No. :		Rate Code :	[REDACTED]
	Invoice No. :		Page No. :	1 of 1

Date	Description	Charges	Credits
09-06-18	*Accommodation	100.22	
09-06-18	G.S.T.	5.01	
09-06-18	Tourism Levy	4.01	
09-07-18	Manual - MasterCard [REDACTED]		109.24
Thank you for staying with us! Qualifying points for this stay will automatically be credited to your account. Please tell us about your stay by writing a review here - www.ihg.com/reviews . We look forward to welcoming you back soon.		Total	109.24
		Balance	0.00

Guest Signature: _____

I have received the goods and / or services in the amount shown heron. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or associate fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.

2.

GST# R128599776

Edmonton Airports

Can-T5J 2T2 Edmonton
Tax Code CA5%

Exit Lane 07/09/18 15:43
Receipt [REDACTED]

Short-Term Parking
Mastercard
Hourly Lot
07/09/18 08:30
07/09/18 15:43
Period 0d7h14'
(Tax) \$25.00

Total \$25.00

Payment Received
[REDACTED] \$25.00

Merch
Auth [REDACTED]
Type: swiped

Sub Total \$23.81
Tax 5% \$1.19

08227169 - 69342688

7.

ELT
MTG
u of A

RECEIPT

License Plate Number

[REDACTED]

Expiration Date/Time

03:17 PM
SEP 18, 2018

Purchase Date/Time: 08:17am Sep 18, 2018

Total Due: \$38.50 Rate: Hr Increment @ \$5.50

Total Paid: \$38.50 Pmt Type: CC (Swipe)

Ticket [REDACTED]

S/N # [REDACTED]

Setting: Lot E

Mach Name: Lot E West

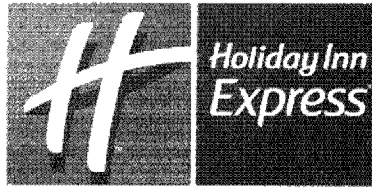
[REDACTED] MasterCard

Auth #: [REDACTED]

GST# R108102831

RECEIPT UNIVERSITY OF ALBERTA - PARKING RECEIPT UNIVERSITY OF ALBERTA - PARKIN

3.



09-10-18

Gregory Cummings	Folio No. :	Room No. :	██████████
██████████	A/R Number :	Arrival :	09-09-18
	Group Code :	Departure :	09-10-18
	Company : alberta health services	Conf. No. :	██████████
	Membership No. : ██████████	Rate Code :	██████████
	Invoice No. :	Page No. :	1 of 1

Date	Description	Charges	Credits
09-09-18	*Accommodation	125.10	
09-09-18	GST (806941001RT001) 5% - F	6.26	
09-09-18	Tourism Levy 4% - Room	5.00	
09-10-18	MasterCard		136.36

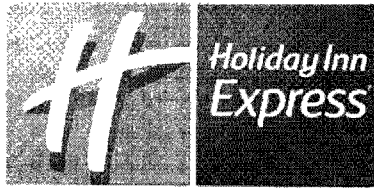
Thank you for staying with us! Qualifying points for this stay will automatically be credited to your account. Please tell us about your stay by writing a review here - www.ihg.com/reviews. We look forward to welcoming you back soon.

Total	136.36	136.36
Balance	0.00	

Guest Signature: _____

I have received the goods and / or services in the amount shown heron. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or associate fails to pay for any part or the full amount of these charges. If a credit card charge. I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.

Holiday Inn Express Hotel Slave Lake
 1551 Main Street SE
 PO Box 427
 Slave Lake, Alberta, T0G2A0 Canada
 Telephone: (780) 849-4819 Fax: (780) 849-5045



86

09-12-18

Gregory Cummings [Redacted]	Folio No. :	[Redacted]	Room No. :	[Redacted]
	A/R Number :	[Redacted]	Arrival :	09-11-18
	Group Code :	[Redacted]	Departure :	09-12-18
	Company :	Alberta Health Services	Conf. No. :	[Redacted]
	Membership No. :	[Redacted]	Rate Code :	[Redacted]
	Invoice No. :	[Redacted]	Page No. :	1 of 1

Date	Description	Charges	Credits
09-11-18	Parking IHG	16.00	
09-11-18	*Accommodation	144.00	
09-11-18	Marketing Fee	4.32	
09-11-18	GST #87857 8491 RT0002	7.42	
09-11-18	AB Tourism Levy	5.93	
09-12-18	MasterCard [Redacted]		177.67
Thank you for staying with us! Qualifying points for this stay will automatically be credited to your account. Please tell us about your stay by writing a review here - www.ihg.com/reviews. We look forward to welcoming you back soon.		Total	177.67
		Balance	0.00

Guest Signature: _____
 I have received the goods and / or services in the amount shown heron. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or associate fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.

Holiday Inn Express Downtown
 Edmonton 10010 - 104 Street
 Canada T5J 0Z1 Edmonton, AB
 Telephone: (780) 423-2450 Fax: (780) 426-6090
 GST #878578491 RT0002
www.hiexdowntown.com

2018 Fall PCN Strategic Leadership Forum

Friday, September 28, 2018 7:00 AM (2018-09-28T07:00-06:00) - Saturday, September 29, 2018 3:00 PM (2018-09-29T15:00-06:00) (Mountain Time)

The Westin Calgary
320 4 Avenue Southwest
Calgary, Alberta T2P 2S6
Canada
(403) 266-1611

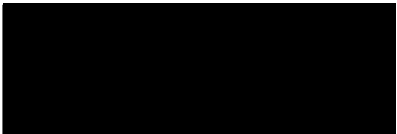
Phone: 780-970-6212
Email Us

Your registration is complete.

A confirmation email has been sent to gregory.cummings@ahs.ca.

Personal Info

Registration ID:	[REDACTED]
Registrant:	Mr. Gregory Cummings Chief Zone Officer - North Zone 9732-100 Avenue Westlock, AB T7P 2G3
Registration Date:	9/17/2018 9:36 AM
Registrant Type:	Two-day Registration
Status:	Confirmed
Work Phone:	780-350-3136
Email:	[REDACTED]
Contact Name:	[REDACTED]
Contact Phone:	[REDACTED]
Contact Email:	[REDACTED]
I am a:	AHS Governance Lead
PCN/Organization	Alberta Health Services
Dietary Restrictions	No
Accessibility Assistance	No



6. Receipt

Actions

Receipt Number: [REDACTED]
Registration ID: [REDACTED]
Registration Date: 9/17/2018
Receipt Date: 9/17/2018
Issued By: Alberta Medical Association
122083538 RT0001
Event: 2018 Fall PCN Strategic Leadership Forum
Date/Time: Friday, September 28, 2018 7:00 AM - Saturday,
September 29, 2018 3:00 PM (Mountain Time)

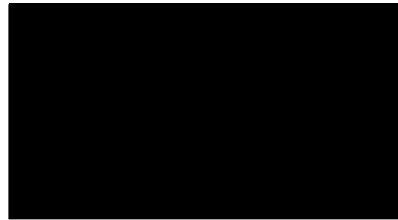
[Print Receipt](#)
[Email Receipt](#)

Billing Information

Address:

Phone:

Email:



Registrants

Mr. Gregory Cummings

Registration ID:

Registrant Type

[REDACTED] Registration

Fees

Fee	Quantity	Unit Price	Amount
Single day registration: February 24	1	CDN\$212.50	CDN\$212.50
		Subtotal:	CDN\$212.50
		GST	CDN\$0.00
		Total:	CDN\$212.50

Transactions

Transaction Type	Date	Amount	Balance
Transaction Amount	9/17/2018	CDN\$425.00	CDN\$425.00

AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total									
CUMMINGS, GREGORY	Chief Zone Officer, North Zone	Westlock	\$ 275.50									
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance	
9/6/2018	NZ PCN Committee Meeting	AB - Other Zones	Meals Per Diem	\$ 24.00			NZ PCN Committee Meeting Dinner \$24.00	1				
9/7/2018	NZ PCN Committee Meeting	AB - Other Zones	Meals Per Diem	\$ 34.50			NZ PCN Committee Meeting Bfast \$10.50 Dinner \$24.00	1				
9/9/2018	High Prairie CHWC Anniversarey	AB - North Zone	Meals Per Diem	\$ 24.00			High Prairie CHWC Anniversarey Dinner \$24.00	1				
9/10/2018	High Prairie CHWC Anniversary	AB - North Zone	Meals Per Diem	\$ 47.50			High Prairie CHWC Anniversary Bfast \$10.50 Lunch \$13.00 Dinner \$24.00	1				
9/11/2018	JVC and Prov. PCN Committee	AB - Other Zones	Meals Per Diem	\$ 24.00			JVC and Prov. PCN Committee Dinner \$24.00	1				
9/12/2018	JVC and Prov. PCN Committee	AB - Other Zones	Meals Per Diem	\$ 47.50			JVC and Prov. PCN Committee Bfast \$10.50 Lunch \$13.00 Dinner \$24.00	1				
9/13/2018	Accreditation Mock Tracer	AB - North Zone	Meals Per Diem	\$ 37.00			Accreditation Mock Tracer Lunch \$13.00 Dinner \$24.00	1				
9/14/2018	Accreditation Mock Tracer	AB - North Zone	Meals Per Diem	\$ 37.00			Accreditation Mock Tracer Lunch \$13.00 Dinner \$24.00	1				
Approver(s) for the claim		Approval Status		Approval Date								
GORDON, DEBORAH A		Approve		27-Sep-18								

Expense Report Direct Bill Summary

Purpose of This Form:

The purpose of this form is to report expenses incurred on behalf of a designated Executive or an AHS Board Member and paid for by a third party vendor. The information will be used for public disclosure reporting.

Expenses Paid Directly to Third Party Vendors:

AHS may have established accounts with certain vendors used to book travel and other expenses that are billed directly to AHS. Examples include but are not limited to hotels, travel agencies, car rental agencies, conferences, courses and expenses reimbursed from a petty cash fund. It is mandatory to include in monthly reports these expenses that pertain to each member. AHS is required to disclose expenses for all applicable receipts and back up must be attached.

Direct Bill Report

- Enter all items related to expenses incurred while conducting AHS business and paid for via a third party vendor (i.e. accommodations, airline tickets, car rentals, hosting events and working sessions)
- Enter all expenses pertaining to professional development such as conferences and courses, etc.
- Enter all expenses paid by AHS not mentioned above.
- Copies of invoices and other relevant back up must be attached, approvals for hosting events/working sessions that exceeds \$600 must be provided.
- Information will be used for reporting purposes only.
- A personal cheque must be attached to cover expenses deemed ineligible.
- Indicate whether you have expenses to report in this section for this reporting period: YES

Name : Gregory Cummings	Reporting Period for the Month of : Sep-18
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
10-Sep-2018	Direct Billing	Airline Ticket	September 20th flight to Fort McMurray for the Wood Buffalo PCN Grand Opening. (Air Canada Ticket # [REDACTED])	Marlin Travel	302.96
18-Sep-2018	Direct Billing	Airline Ticket	September 25th flight to Calgary for Connect Care and PCN Forum (Air Canada Ticket # [REDACTED])	Marlin Travel	403.96
Total Paid in the Month					\$ 706.92



Invoice

ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET EDMONTON AB T5J 3E4	Trip #: [REDACTED] Booking Date: 09 Sep 18 Client: [REDACTED] Agent: [REDACTED] Agents email: [REDACTED]@MARLINTRAVEL.CA File Locator: [REDACTED]
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PASSENGERS: MR GREGORY CUMMINGS

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket # [REDACTED]	218.00	0.00	\$0.00	84.96	0.00	302.96 CAD
Total:	218.00	0.00	0.00	84.96	0.00	302.96 CAD

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	09/05/2018		[REDACTED]	302.96 CAD
Total Payment:					302.96 CAD

Balance Due CAD Currency 0.00 CAD

Total GST 0.00 Total HST \$0.00

CORPORATE UNIT 101
BOOKING METHOD NUTRAVEL
REASON FOR TRAVEL WOOD BUFFALO PCN GRAND OPENING

***** AFTER HOURS EMERGENCY HELP DESK WITHIN CANADA OR UNITED STATES CALL ...1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT...303 801 2147 PLEASE QUOTE ACCESS CODE 2EC0 *****
 ***** PLEASE REVIEW YOUR ITINERARY FOR ACCURACY *****
 PLEASE INFORM US WITHIN ONE BUSINESS DAY SHOULD YOU FIND ANY DISCREPANCIES. DEPENDING ON THE NATURE OF THE DISCREPANCY COSTS ASSOCIATED WITH MAKING CORRECTIONS MAY BE YOUR RESPONSIBILITY

ALBERTA HEALTH SERVICES
ALBERTA HEALTH SERVICES
10030 - 107 STREET
EDMONTON AB
T5J 3E4

Trip #: [REDACTED]
Booking Date: 09 Sep 18
Client: [REDACTED]
Agent: [REDACTED]
Agents email: [REDACTED]@MARLINTRAVEL.CA
File Locator: [REDACTED]

MY ITINERARY

Passengers	Citizenship	Required Travel Documents
GREGORY CUMMINGS	Not Specified	Not Specified

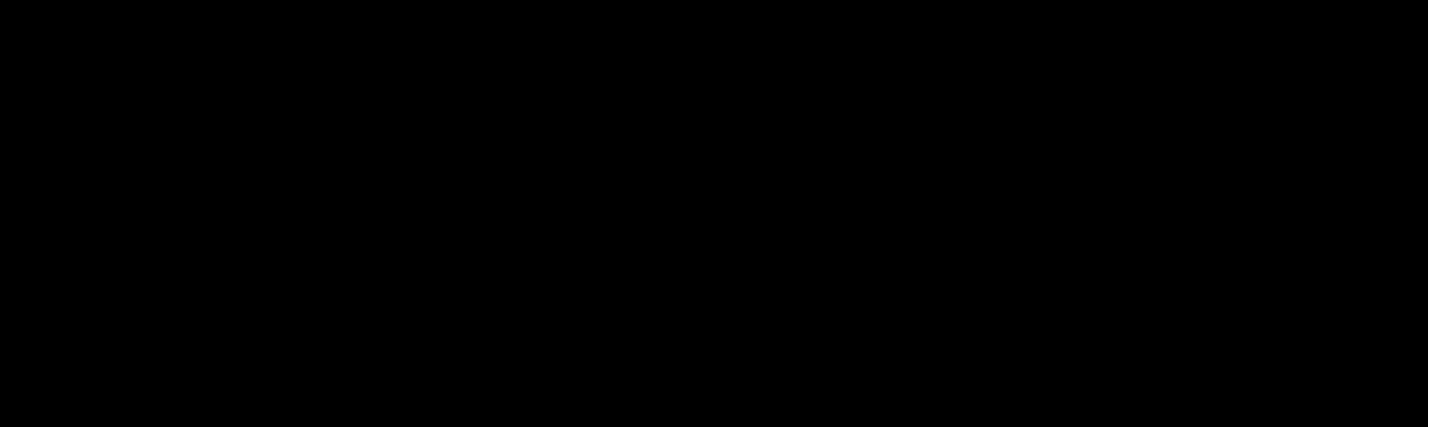
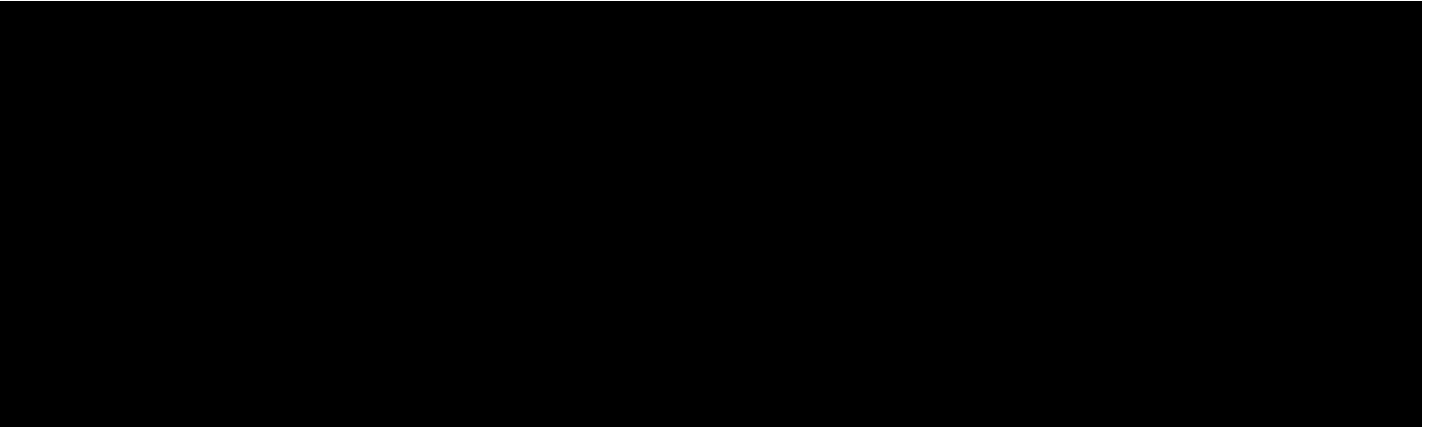
All passengers need to ensure that correct documentation requirements are met for entry to the applicable destinations as well as for their return to Canada



AIR

Passengers: GREGORY CUMMINGS
Booking Date: 05 Sep 18
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	08388	EDMONTON INTL 20 Sep 18 6:00PM		FT. MCMURRAY 20 Sep 18 7:12PM	A/	



ALBERTA HEALTH SERVICES
ALBERTA HEALTH SERVICES
10030 - 107 STREET
EDMONTON AB
T5J 3E4

Trip #: [REDACTED]
Booking Date: 09 Sep 18
Client: [REDACTED]
Agent: [REDACTED]
Agents email: [REDACTED]@MARLINTRAVEL.CA
File Locator: [REDACTED]



AIR

Passengers: GREGORY CUMMINGS

Booking Date: 05 Sep 18
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	08391	FT. MCMURRAY 21 Sep 18 7:35PM		EDMONTON INTL 21 Sep 18 8:49PM	A/	



Invoice

ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET EDMONTON AB T5J 3E4	Trip #: [REDACTED] Booking Date: 21 Sep 18 Client: [REDACTED] Agent: [REDACTED] Agents email: [REDACTED]@MARLINTRAVEL.CA File Locator: [REDACTED]
--	--

PASSENGERS: MR GREGORY CUMMINGS

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket # [REDACTED]	329.00	0.00	\$0.00	74.96	0.00	403.96 CAD
Total:	329.00	0.00	0.00	74.96	0.00	403.96 CAD

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	09/18/2018		[REDACTED]	403.96 CAD
Total Payment:					403.96 CAD

Balance Due CAD Currency 0.00 CAD

Total GST 0.00 Total HST \$0.00

CORPORATE UNIT 101
BOOKING METHOD NUTRAVEL
REASON FOR TRAVEL CONNECT CARE AND PCN FORUM

***** AFTER HOURS EMERGENCY HELP DESK WITHIN CANADA OR UNITED STATES CALL ...1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT...303 801 2147 PLEASE QUOTE ACCESS CODE 2EC0 *****
 ***** PLEASE REVIEW YOUR ITINERARY FOR ACCURACY *****
 PLEASE INFORM US WITHIN ONE BUSINESS DAY SHOULD YOU FIND ANY DISCREPANCIES. DEPENDING ON THE NATURE OF THE DISCREPANCY COSTS ASSOCIATED WITH MAKING CORRECTIONS MAY BE YOUR RESPONSIBILITY

ALBERTA HEALTH SERVICES
ALBERTA HEALTH SERVICES
10030 - 107 STREET
EDMONTON AB
T5J 3E4

Trip #: [REDACTED]
Booking Date: 21 Sep 18
Client: [REDACTED]
Agent: [REDACTED]
Agents email: [REDACTED]@MARLINTRAVEL.CA
File Locator: [REDACTED]

MY ITINERARY

Passengers GREGORY CUMMINGS	Citizenship Not Specified	Required Travel Documents Not Specified
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All passengers need to ensure that correct documentation requirements are met for entry to the applicable destinations as well as for their return to Canada



AIR

Passengers: GREGORY CUMMINGS	Booking Date: 18 Sep 18
	File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	08169	EDMONTON INTL 25 Sep 18 5:05PM		CALGARY INTL 25 Sep 18 6:03PM	V/	



AIR

Passengers: GREGORY CUMMINGS	Booking Date: 18 Sep 18
	File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	08152	CALGARY INTL 28 Sep 18 4:40PM		EDMONTON INTL 28 Sep 18 5:30PM	W/	